

**STATE OF NEW JERSEY – DIVISION OF PENSIONS AND BENEFITS
PO BOX 295, TRENTON, NJ 08625-0295**

RETIRED MEMBER DESIGNATION OF BENEFICIARY

For use by retired members of the following New Jersey State-administered retirement systems:

PERS – Public Employees’ Retirement System

SPRS – State Police Retirement System

TPAF – Teachers’ Pension and Annuity Fund

CPFPPF – Consolidated Police and Firemen’s Pension Fund

PFRS – Police and Firemen’s Retirement System

POPF – Prison Officers Pension Fund

The *Retired Member Designation of Beneficiary* form allows a retired member to nominate a beneficiary, or beneficiaries, for benefits payable upon the death of that retired member. This form applies to both the group life insurance and pension benefits.

The designation you provide on this form will replace all beneficiary designations previously on file. However, be advised that the Division of Pensions and Benefits has the responsibility to deny changes to beneficiary designations that may violate a court order. If a court order exists, you may be required to furnish further documentation to the Division to determine whether or not we can accept your *Retired Member Designation of Beneficiary* form.

GROUP LIFE INSURANCE

This designation is for any group life insurance benefit payable at the time of your death. Group life insurance does not apply to retired members with less than 10 years of service credit, retired members of the Consolidated Police and Firemen’s Pension Fund (CPFPPF) or Prison Officers Pension Fund (POPF), or members who enrolled at age 60 or older and failed to prove insurability.

PENSION BENEFIT

This designation is for any and all pension benefits remaining at the time of your death based on the retirement system to which you belong.

For **PERS** and **TPAF** retired members, the pension benefit is based on the retirement option you selected:

- **Maximum Option Benefit** – The beneficiary or beneficiaries designated will be entitled to the pension allowance payable for the month in which you pass away, also known as the Last Check Benefit.
- **Option 1 Benefit** – The beneficiary or beneficiaries designated will receive the balance of the reserve established at retirement, if any, in addition to the Last Check Benefit. If the balance has been depleted, only the Last Check Benefit will be payable.
- **Option A, B, C, D, 2, 3, or 4 Benefit** – The beneficiary you designated at retirement will receive a monthly pension. **That beneficiary cannot be changed.** That beneficiary is also entitled to the Last Check Benefit. However, should that beneficiary predecease you, you may designate a beneficiary or beneficiaries to receive the Last Check Benefit.

For **PFRS** and **SPRS** retired members, the pension benefit is a monthly pension determined by the governing statutes regarding surviving spouses/civil union partners/eligible domestic partners, and/or minor children. If none of these relationships are applicable to you, you may designate a beneficiary or beneficiaries to receive the Last Check Benefit.

INSTRUCTIONS

Please complete this form in ink pen. Using pencil makes the form unacceptable. Before submitting the *Retired Member Designation of Beneficiary* form, please be sure to complete the items indicated below:

- 1: Indicate Your Retirement System** – Check the box of the retirement system of which you are a retired member.
- 2 – 4: Provide Your Member Information – PRINT** your full name, date of birth, and retirement number.
- 5: Nominate Your Group Life Insurance Beneficiary (if you are covered by group life insurance as a retired member) – PRINT** the name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed (and you have group life insurance coverage as a retired member), this benefit will automatically default to your estate.
- 6: Nominate Your Pension Beneficiary – PRINT** the name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed and the only pension benefit payable is the Last Check Benefit or the balance of the Option 1 reserve, this benefit will automatically default to your estate.
- 7: All members must complete the following – Make sure to sign, date, and provide your address and daytime telephone number on the form.** On any additional sheets used to specify beneficiary information, please be sure to include your signature and date on the sheet, and print your name, address, daytime telephone number, and the last four digits of your Social Security number.

Mail your completed form to:
BENEFICIARY SERVICES
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON, NJ 08625-0295

Upon receipt of your *Retired Member Designation of Beneficiary* form, a rider will be issued reflecting the changes you have made regarding your beneficiary information. If you have any questions on how to complete this form: Write to the Division at the address above, send an e-mail to: pensions.nj@treas.state.nj.us or call our Office of Client Services at: (609) 292-7524.

DOs & DON'Ts

Do designate both primary and contingent beneficiaries. In the event of your death, the primary beneficiary, or beneficiaries will receive any death benefits that are payable. The contingent beneficiary, or beneficiaries, will receive death benefits **only** if all primary beneficiaries have predeceased you. Unless otherwise stated, all beneficiaries will share and share alike. If no primary or contingent beneficiaries survive you, all death benefits will be paid to your estate.

You may nominate any of the following as your primary or contingent beneficiary:

- A person or persons;
- A trust, institution, charity, or corporation;
- Your estate (upon your death a court ordered surrogate certificate will be required).

If you choose a distribution of benefits other than the standard “share and share alike”, e.g. specific percentages, or if you are designating a minor or acting as Power of Attorney for the retired member, please refer to Fact Sheet #68, *Designating a Beneficiary*, before completing this form. You may obtain this fact sheet by visiting our Web site at: www.state.nj.us/treasury/pensions

Do use full, proper names. When naming a married female as beneficiary, be certain the proper name is given, e.g. Mary J. Jones, not Mrs. John R. Jones. You must list each individual using his or her specific name, such phrases as “my children,” “my living grandchild,” or “my children’s issue” **will not be accepted.**

Do not send a photocopy or fax this form. Our office requires original *Retired Member Designation of Beneficiary* forms to update our retired members’ beneficiary information.

Do not use “white out” or cross out names to make changes in designation. This makes the form unacceptable and a new form will be mailed to you for your completion.

Do not use a *Retired Member Designation of Beneficiary* form to update a beneficiary’s address. A signed letter notifying us of your beneficiary’s address change will suffice. Your letter will be added to our files so your beneficiary information remains current.

RETIRED MEMBER DESIGNATION OF BENEFICIARY*(Please read and follow the instructions before completing this form)***1. Pension System:** *(Check one)* ☐ PERS ☐ TPAF ☐ PFRS ☐ SPRS ☐ CPFPPF ☐ POPF**2. Print Your Full Name:** _____ **3. Birth Date:** ____/____/____**4. Social Security (last 4 digits) or Retirement Number:** _____**5. GROUP LIFE INSURANCE (If applicable)****Primary Beneficiary(ies)**

Beneficiary Name

Relationship

Birth Date

1. _____

Address _____

2. _____

Address _____

3. _____

Address _____

Contingent Beneficiary(ies) - If primary beneficiary is not living at my death; payment is to be made to:

Beneficiary Name

Relationship

Birth Date

1. _____

Address _____

2. _____

Address _____

3. _____

Address _____

6. PENSION BENEFIT**Primary Beneficiary(ies)**

Beneficiary Name

Relationship

Birth Date

1. _____

Address _____

2. _____

Address _____

3. _____

Address _____

Contingent Beneficiary(ies) - If primary beneficiary is not living at my death; payment is to be made to:

Beneficiary Name

Relationship

Birth Date

1. _____

Address _____

2. _____

Address _____

3. _____

Address _____

7. SIGNATURE OF MEMBER _____ **Date** _____**Mailing Address** _____**Daytime Telephone No. (_____)** _____

FREQUENTLY ASKED QUESTIONS

1. Q. All of my beneficiaries' information will not fit on this application. What do I do?

- A.** If additional space is required, an attachment sheet is acceptable, provided it is signed and dated by you. In addition to the beneficiary information, please be sure to include your name and retirement number.

2. Q. What if I leave a section blank?

- A.** If the Group Life Insurance section is not completed (and you have group life insurance coverage as a retired member), this benefit will automatically default to your estate. If the Pension Benefit section is left blank, the beneficiary of record will depend on the retirement system to which you belong (as well as the retirement option you selected if you are a PERS or TPAF member). However, if the only pension benefit payable is the Last Check Benefit, and you leave the Pension Benefit section blank, this benefit will automatically default to your estate.

3. Q. Why do I have to provide my daytime telephone number?

- A.** We may have questions regarding the information on your *Retired Member Designation of Beneficiary* form. To expedite the designation process, contacting you by phone instead of written correspondence enables us to provide prompt and efficient service.

4. Q. I am in the process of getting divorced. How should I word my form?

- A.** Since each divorce case (or dissolution of a civil union) is different and can be complex, please refer to Fact Sheet #42, *Divorce and Your Retirement Benefits*.

5. Q. Can my Power of Attorney complete my *Retired Member Designation of Beneficiary* form?

- A.** Per statute, in order for a Power of Attorney to change beneficiary information, his or her Power of Attorney documents must specifically state this right. Further, should you wish the Power of Attorney to be able to nominate himself or herself as beneficiary, the Power of Attorney document must specifically state that right as well. Most standard Power of Attorney documents do not grant these rights. Before your Power of Attorney files a *Retired Member Designation of Beneficiary* form on your behalf, please carefully review your Power of Attorney documents.